

FEC  
FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

 RECEIVED  
 SECRETARY OF THE SENATE  
 PUBLIC RECORDS

 14 FEB - 5 AM 10:33  
 Office Use Only
1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Gillibrand for Senate

ADDRESS (number and street)

236 Massachusetts Ave NE

Suite 110

Check if different  
than previously  
reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00413914

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

In the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

In the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2013D D / Y Y Y Y Y Y  
01 / 01 / 2013Y Y Y Y Y Y  
2013

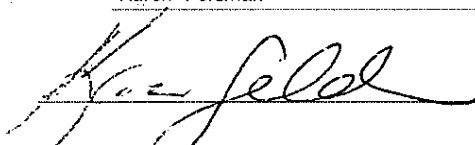
through

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013D D / Y Y Y Y Y Y  
31 / 01 / 2013Y Y Y Y Y Y  
2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Feldman

Signature of Treasurer



Date

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014D D / Y Y Y Y Y Y  
24 / 01 / 2014Y Y Y Y Y Y  
2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
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(Revised 02/2003)